



FACT SHEET
FOR
HEALTH CARE
PRACTITIONERS



The Florida Prescription Drug Monitoring Program (PDMP), known as E-FORCSE (Electronic-Florida Online Reporting Controlled Substance Evaluation), became operational on September 1, 2011, when it began receiving controlled substance dispensing data from pharmacies and dispensing practitioners.

The information collected in the database is available to registered health care practitioners to help guide their decisions in prescribing and dispensing certain highly-abused prescription drugs. It may also assist health care practitioners in identifying patients who are “doctor shopping” or trying to obtain multiple prescriptions for the same controlled substance from multiple health care practitioners, which is a felony in the State of Florida.

What is E-FORCSE? It is a database that collects and stores schedule II, III, and IV controlled substance (controlled substance) dispensing information, as defined in [section 893.03, Florida Statutes](#) (F.S.).

What is the difference between administering, dispensing, and prescribing?

- [Section 893.02\(1\), F.S.](#), defines “administer” as the direct application of a controlled substance, whether by injection, inhalation, ingestion or any other means, to the body of a person or animal.
- [Section 893.02\(7\), F.S.](#), defines “dispense” as the transfer of possession of one or more doses of a medicinal drug by a pharmacist or other licensed practitioner to the ultimate consumer thereof or to one who represents that it is his or her intention not to consume or use the same but to transfer the same to the ultimate consumer or user for consumption by the ultimate consumer or user.
- [Section 893.02\(21\), F.S.](#), defines “prescription” as an order for drugs or medicinal supplies written, signed or transmitted by word of mouth, telephone, telegram or other means of communication by a duly licensed practitioner licensed by the laws of the state to prescribe such drugs or medicinal supplies, issued in good faith and in the course of professional practice, intended to be filled, compounded or dispensed by another person licensed by the laws of the state to do so, and meeting the requirements of [section 893.04, F.S.](#) (Please see the statute for the complete definition.)

Reporting

Who is required to report controlled substance dispensing information to E-FORCSE?

Any health care practitioner who has dispensed a controlled substance in schedule II, III, and IV, as defined in [section 893.03, F.S.](#) (i.e., OxyContin®, Percocet®, Vicodin®, Klonopin®, Xanax®, and Valium®), is required to report to the database. This includes pharmacies licensed under chapter 465, F.S., including mail order and Internet pharmacies; health care practitioners licensed under chapters 458, 459, 461, 462 or 466, F.S.

Who is not required to report controlled substance dispensing information to E-FORCSE? A health care practitioner is not required to report to E-FORCSE when he/she:

- administers a controlled substance directly to a patient if the amount is adequate to treat the patient during that particular treatment session;
- administers a controlled substance to a patient or resident receiving care as a patient at a hospital, nursing home, ambulatory surgical center, hospice or intermediate care facility for the developmentally disabled;
- administers or dispenses a controlled substance in the health care system of the Florida Department of Corrections;
- administers a controlled substance in the Emergency Room of a licensed hospital;
- administers or dispenses a controlled substance to a patient under the age of 16; or
- dispenses a one-time, 72-hour re-supply of controlled substances.

What information must be reported to E-FORCSE? A health care practitioner must report the following information each time a controlled substance prescription is dispensed:

- name of the prescribing practitioner and the prescribing practitioner's federal Drug Enforcement Administration (DEA) number;
- prescribing practitioner's National Provider Identification (NPI) number (or other appropriate identification number);
- date of the prescription;
- date the prescription was filled/dispensed;
- refill number
- patient's method of payment (private pay, Medicaid, Medicare, commercial insurance, military installations and Veterans Administration, workers compensation, Indian nation or other);
- patient's full name, address, date of birth and gender;
- name, National Drug Control (NDC) number, quantity and strength of the controlled substance dispensed;
- full name, DEA number and address of the pharmacy or other location from which a controlled substance was dispensed (if the controlled substance was dispensed by a practitioner other than a pharmacist, the practitioner's full name, DEA number, and address);
- name of the pharmacy or practitioner, other than a pharmacist, dispensing the controlled substance and the practitioner's NPI; and
- other appropriate identifying information as determined by Department of Health (DOH) rule.

When do I report the controlled substances I have dispensed to E-FORCSE? A health care practitioner must report to the database as soon as possible, within seven (7) days of dispensing a controlled substance.

Please visit <http://www.hidinc.com/flpdmp> and view the Dispenser's Implementation Guide for step-by-step instructions on how to register as an Uploader, and how to upload your controlled substance dispensing information. The guide provides information regarding system registration and data collection requirements.

E-FORCSE requested dispensers report retroactive data from December 1, 2010 to August 31, 2011. Dispensers had until November 30, 2011 to provide this retroactive data.

What is the penalty for a health care practitioner that does not report their schedule II-IV controlled substance dispensing data? A health care practitioner who willfully and knowingly fails to report the dispensing of controlled substances as required by section 893.055, F. S., will be committing a first-degree misdemeanor.

Access

Are physicians required to access E-FORCSE prior to prescribing a controlled substance? No, health care practitioners are not required to access the database. It is voluntary; however, physicians are encouraged to use the database as a tool to improve patient care.

Who has access to the information stored in E-FORCSE? A prescriber or dispenser who is subject to licensure or regulation by the Department of Health under chapter 458, chapter 459, chapter 461, chapter 462, chapter 464, chapter 465 or chapter 466, F.S., has direct access to their specific patient's information. Other direct access to information is be limited to the E-FORCSE Program Manager and designated staff for the purpose of program management.

Indirect access may be requested by the following organizations, upon being verified and authenticated by program staff:

- the Department of Health or appropriate health care regulatory boards who are involved in a specific investigation involving a specific individual for one or more prescribed controlled substances;
- the Attorney General for Medicaid fraud cases involving prescribed controlled substances;
- a law enforcement agency during active investigations regarding potential criminal activity, fraud or theft relating to prescribed controlled substances; or
- a patient, legal guardian or designated health care surrogate who submits a notarized written request, for the purpose of verifying the information collected.

Additionally, the following entities may have indirect access to information that contains no identifying information, upon request:

- the Department of Health for the purpose of calculating performance measures; and
- the Program Implementation and Oversight Task Force for its report to the Governor, President of the Senate and Speaker of the House of Representatives.

Finally, if the Program Manager observes a pattern that indicates a patient may be “doctor shopping” or attempting to obtain multiple prescriptions for controlled substances from multiple health care practitioners, the information may be provided to law enforcement.

How do I gain access to E-FORCSE? Prescribers and dispensers who wish to gain access to E-FORCSE must submit a registration request. Please visit www.hidinc.com/flpdmp, and click on the “Practitioner/Pharmacist” link at the top of the menu at the left of the screen.

What is a patient advisory report (PAR)? A patient advisory report (PAR) is a summary of the controlled substance prescription information that has been reported to E-FORCSE for the health care practitioner's specific patient for a specified period of time.

How should I use the PAR? The health care practitioner should use the report to supplement their patient evaluation, confirm the patient's prescription history, document compliance with a therapeutic regimen and identify potentially hazardous or fatal interactions. The report may also assist the health care practitioner to determine if a patient is "doctor shopping" or trying to obtain multiple prescriptions for controlled substances from multiple health care practitioners, which is a felony in the State of Florida.

What is the turnaround time for a PAR? E-FORCSE is available 24/7. In most cases, the PAR is available for viewing within minutes. The report is based on the search criteria and data entered by the dispensing practitioner or pharmacy who reported the information. For more information about any prescription in an E-FORCSE report or to verify a prescription, contact must be directed to the practitioner or pharmacy that dispensed it.

Is there a lag-time before the PAR is available? Health care practitioners have up to seven (7) days to report dispensing a controlled substance, therefore there may be up to a seven (7) day lag-time from the actual dispensing date until the data is available online. Because of the lag-time, the PDMP encourages dispensers to report more often.

Privacy

Is E-FORCSE compliant with the federal Health Insurance Portability and Accountability Act (HIPAA)? Yes, in addition to meeting the federal HIPAA requirements, E-FORCSE meets all mandatory Department of Health security requirements.

Is the PAR considered protected health information (PHI) or electronic protected health information (EPHI)? The PAR is considered both PHI and EPHI and is subject to federal HIPAA requirements.

Is accessibility to controlled substance prescription data a violation of patient confidentiality? No, E-FORCSE is HIPAA compliant. Access to a patient's prescription history is authorized by HIPAA when a state has authorized a PDMP. E-FORCSE has procedures in place to safeguard patient confidentiality and access to controlled substance prescription information. The law prohibits unauthorized access to and use of confidential patient information. Any person who willfully and knowingly violates this law will be committing a third-degree felony.

Does E-FORCSE contain the controlled substance prescription history of minors? Controlled substance prescription information is only be collected for patients who are 16 years old or older.

Where is the data stored? The data is stored and maintained in a highly secure system. This system ensures protection of patient health information, maintenance of confidentiality of records and physical plant security. Confidentiality and protection of patient information is of utmost importance to E-FORCSE.

What is the penalty for disclosure of confidential information in the E-FORCSE database? A health care practitioner or other individual who has access to the information in the E-FORCSE database who discloses confidential information will be committing a third-degree felony.

Other

How is E-FORCSE funded? The legislation that authorized the creation of E-FORCSE did not provide state funds to implement the program. In addition, Florida law prohibits the use of funds provided by prescription drug manufacturers to implement the program. It did authorize fund-raising by a non-profit direct support organization (DSO), as well as through federal grants and other private funding sources.